

Gould & Whitley

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18 September 2003

Commissioner of Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450



Re: Patent Application for Prime-Number-Based Method and Apparatus for Generating Random Numbers

Gentlemen:

I have enclosed the following documents:

- 1. Original Declaration and Power of Attorney for Patent Application;
- 2. Verified Statement (Declaration) Claiming Small Entity Status;
- Specification (24 pages);
- 4. Drawings (5 pages);
- 5. Check in the amount of \$501.00 as the filing fee for this application, determined as follows:

a.	Basic fee for filing by small entity	\$ 375.00
b.	Number of independent claims in excess of 3: 3 x \$42.00	126.00
C.	Number of independent or dependent claims in excess of 20: 0 x \$9.00	0.00
d.	Filing multiple dependent claims (\$140):	0.00
	Total	\$ 501.00

- 6. List of Prior Art Cited by Applicant and copies of all cited references;
- 7. Certificate of Mailing by Express Mail;

- 8. Fee Transmittal for FY 2003;
- 9. Utility Patent Application Transmittal;
- 10. Credit Card Payment Form;
- 11. Self-addressed stamped postcard.

Please note that the inventors qualify for small entity status as independent inventors.

Please date stamp the postcard indicating your receipt of the above documents and return it to me.

If you have any questions or if I can be of any help, please let me know. Thank you for your help.

Sincerely,

GOULD & WHITLEY

a partnership of professional corporations

Linda Flewellen Gould

\LFG

Encl.

c: Jerry Langin-Hooper

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FEE TRANS					Compl te if Known		
FEE IRANS	┗▐	Applic	ation	Numb	er		
for FY 2	002		Filing Date				
Effective 01/01/2003. Patent fees are sub	. [First Named Inventor			ntor <u>Jerry Langin-Hooper</u>		
X Applicant claims small entity status. S		Exam		lame_			
	501.00	\dashv	Art U	nit			
TOTAL AMOUNT OF PAYMENT	(\$) 501.00		Attorr	ey Do	cket N	lo.	<i>_</i>
METHOD OF PAYMENT (check		FEE CALCULATION (continued)					
X Check Credit card Money Order Deposit Account: Deposit Account	Other None	Large Fee Code	(\$)	Smal Fee Code	I Entity Fee (\$)	Fee Description	Fee Paid
Number Deposit Account Name		1051 1052	130 50	2051 2052	25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet	
The Director is authorized to: (check all that ap	1053 1812 1804	2,520		2,520	Non-English specification For filing a request for <i>ex parte</i> reexamination		
Charge any additional fee(s) during the pendency of this application			920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55			
1. BASIC FILING FEE			410	2252	205	Extension for reply within second month	

1253

1401

1402

1254 1,450

1255 1,970

Fee Paid

(\$)126.00

.00

Fee Description

Utility filing fee

Design filing fee

Plant filing fee

SUBTOTAL (2)

**or number previously paid, if greater; For Reissues, see above

Linda Flewellen Gould

Large Entity Small Entity

ode (\$)

2001 375

2002 165

2003 260

Fee Fee Code (\$)

1001 750

1002 330

1003 520

SUBMITTED BY

Name (Print/Type)

Signature

930

320

320

2253

2254

2401

2402

*Reduced by Basic Filing Fee Paid

31515

Registration No.

(Attorney/Agent)

465 Extension for reply within third month

985 Extension for reply within fifth month

160 Filing a brief in support of an appeal

SUBTOTAL (3)

(Complete (if applicable))

(\$)

-18-03

Telephone 719-531-0994

160 Notice of Appeal

725 Extension for reply within fourth month

				1403	280	2403	440	Request for oral hearing	
1004 750	2004 375		Reissue filing fee			2403	140	Request for oral fleating	-
1005 160	2005 80		Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		SII	IBTOTAL (1) (\$) 375.00	1452	110	2452	55	Petition to revive - unavoidable	•
				1453	1,300	2453	650	Petition to revive - unintentional	
2. EXTRA	CLAIM FE	EES	FOR UTILITY AND REISSUE		1,300	2501		Utility issue fee (or reissue)	
		E	Fee from Ext <u>ra Claims below</u> <u>Fee Paid</u>	1502	470	2502		Design issue fee	
Total Claims		-20**		1503	630	2503	315	Plant issue fee	
Independent Claims		- 3** =	= 3 x 42 = 126	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dep	endent		0 = 0	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity				1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Code (\$)	Fee Fe Code (\$	5)	Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 1201 84	2202 2201	9 42	Claims in excess of 20 Independent claims in excess of 3	1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 280	2203	140	Multiple dependent claim, if not paid	1810	750	2810	375	For each additional invention to be	
1204 84	2204	42	** Reissue independent claims					examined (37 CFR 1.129(b))	<u> </u>
			over original patent	1801	750	2801	375	Request for Continued Examination (RCE)	
1205 18	2205	9	** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
				Other	foo (en	acifu)			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.							
First Inventor	Jerry Langin-Hooper						
Title	Prime-Number-Based Method	_					
Express Mail I abel No	ER 2055 786 70	_					

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 24] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS
- Claim(s) - Abstract of the Disclosure	9. Assignment Papers (cover sheet & document(s))
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the 5b, is considered a part of the disclosure of the accompanying continuation The incorporation can only be relied upon when a portion has been inadverted.	10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Diff the requisite information below and in the first sentence of the CFR 1.76: Ition-in-part (CIP) of prior application No.: Art Unit: Perfor application, from which an oath or declaration is supplied under Box or divisional application and is hereby incorporated by reference. Benefit of the submitted application parts.
19. CORRESPOND	DENCE ADDRESS
Customer Number: 26667	OR Correspondence address below
Name	
Address	
	State Zip Code
Country	lephone Fax
Name (Print/Type) Linda Flewellen Gould	Registration No. (Attorney/Agent) 31515
Signature Signature	Date 9-18-03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.